

Statement of Congresswoman Kyrsten Sinema

H.R. 3387, the Classified Veterans Access to Care Act  
House Veterans Affairs Committee, Subcommittee on Health Legislative Hearing  
March 27, 2014

Thank you Chairman Benishek and Ranking Member Brownley for holding this hearing.

Thank you to my colleagues who introduced important bills to improve the quality of care available to veterans, especially Congresswoman Walorski's legislation, H.R. 2974, to make travel assistance available for veterans seeking care for military sexual trauma.

I am here to discuss H.R. 3387, the Classified Veterans Access to Care Act -- thank you Chairman Benishek for cosponsoring this bill.

The Classified Veterans Access to Care Act ensures that veterans with classified experiences can access appropriate mental health services at the Department of Veterans Affairs.

I am working on this issue because last year a veteran in my district --Daniel Somers --failed to receive the mental health care he needed and tragically committed suicide.

No veteran or family should go through the same tragedy that the Somers family experienced.

Daniel Somers was an Army veteran of two tours in Iraq. He served on Task Force Lightning, an intelligence unit. He ran over 400 combat missions as a machine gunner in the turret of a Humvee. Part of his role required him to interrogate dozens of terrorist suspects, and his work was deemed classified.

Like many veterans, Daniel was haunted by the war when he returned. He suffered from flashbacks, nightmares, depression, and additional symptoms of Post-Traumatic Stress Disorder, made worse by a traumatic brain injury. Daniel needed help. He and his family asked for help.

Unfortunately, the VA enrolled Daniel in group therapy sessions, which Daniel could not attend for fear of disclosing classified information. Despite requests for individualized counseling, or some other reasonable accommodation to allow Daniel to receive appropriate care for his PTSD, the VA delayed providing Daniel with appropriate support and care.

Like many, Daniel's isolation got worse when he transitioned to civilian life. He tried to provide for his family, but he was unable to work due to his disability. Daniel struggled with the VA bureaucracy; his disability appeal had been pending for over two years in the system without resolution. Daniel didn't get the help he needed in time.

On June 10, 2013, Daniel wrote a letter to his family. It begins:

*I am sorry that it has come to this.*

*The fact is, for as long as I can remember my motivation for getting up every day has been so that you would not have to bury me. As things have continued to get worse, it has become clear that this alone is not a sufficient reason to carry on. The fact is, I am not getting better, I am not going to get better, and I will most certainly deteriorate further as time goes on. From a logical standpoint, it is better to simply end things quickly and let any repercussions from that play out in the short term than to drag things out into the long term.*

He goes on to say:

*I am left with basically nothing. Too trapped in a war to be at peace, too damaged to be at war. Abandoned by those who would take the easy route, and a liability to those who stick it out—and thus deserve better. So you see, not only am I better off dead, but the world is better without me in it.*

*This is what brought me to my actual final mission.*

Daniel's parents, Howard and Jean, were devastated by the loss of their son, but they bravely shared Daniel's story and created a mission of their own. Their mission is to ensure that Daniel's story brings to light America's deadliest war - the 22 veterans that we lose every day to suicide.

My office worked closely with Howard and Jean to develop the Classified Veterans Access to Care Act so that veterans \ can seek and receive comprehensive mental health care from the VA, regardless of the classified nature of their military experiences.

Our bill directs the Secretary of the VA to establish standards and procedures to ensure that a veteran who participated in a classified mission or served in a sensitive unit may access mental health care in a manner that fully accommodates the veteran's obligation to not improperly disclose classified information.

It also directs the Secretary to disseminate guidance to employees of the Veterans Health Administration, including mental health professionals, on such standards and procedures and on how to best engage such veterans during the course of mental health treatment with respect to classified information.

Finally, the bill directs the Secretary to allow veterans with classified experiences to self-identify so they can quickly receive care in an appropriate setting.

Our legislation is supported by the Retired Enlisted Association, the Association of the United States Navy, and the Iraq and Afghanistan Veterans of America.

As the Iraq and Afghanistan Veterans of America states in its letter of support, “these reforms to mental health treatment are necessary to provide safe and inclusive care for all veterans.”

I look forward to continuing to work with the Committee to ensure that no veteran feels trapped like Daniel did and that all veterans have access to appropriate mental health care.

Again, thank you Chairman Benishek and Ranking Member Brownley for including H.R. 3387, the Classified Veterans Access to Care Act in today's hearing.